

OFF-CAMPUS PRACTICE APPROVAL REQUEST

COACH: \_\_\_\_\_

TEAM: \_\_\_\_\_

PROPOSED PRACTICE LOCATION: \_\_\_\_\_

DATE AND TIME OF PROPOSED OFF-CAMPUS PRACTICE: \_\_\_\_\_

\_\_\_\_\_

Reason you are requesting an off-campus practice: \_\_\_\_\_

\_\_\_\_\_

I, Coach \_\_\_\_\_, understand that I am personally responsible for any charges or fees incurred for renting an off-campus practice facility for the purpose of conducting a practice for my team. I further understand that the St. Anthony Athletic Committee will not reimburse me for any such fees or charges. I also understand that I am responsible for the safety and well-being of all players participating in a practice not occurring on the grounds of St. Anthony School or the St. Anthony Parish. I agree and understand that St. Anthony School and Parish do not assume any responsibility for any accidents, injuries or other losses which occur during the off-campus practice I am requesting. I further agree and understand that I am responsible for notifying all parents of the whereabouts of their children during the off-campus practice and for arranging transportation of the players to/from the off-campus practice. I agree to promptly notify the Athletic Director of any incidents, injuries or losses which occur during the off-campus practice I am requesting.

\_\_\_\_\_  
Signature, Coach Requesting Approval

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_  
St. Anthony Athletic Committee

Date: \_\_\_\_\_